

more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Maricopa

District of _____

Town of _____

or _____

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 128

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 511No. 825 Sullivan St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian Miller { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Feb. 9, 1926 Month Day Year8. FATHER Full name William Harry Miller 14. MOTHER Full maiden name Lina Finckles9. Residence (Usual place of abode) 812 S. 3rd Ave. Phoenix, Ariz. 15. Residence (Usual place of abode) Miami, Ariz. If non-resident, give place and state.10. Color or race White 11. Age at last birthday 47 (Years) 16. Color or race Mexican 17. Age at last birthday 32 (Years)12. Birthplace (city or place) Cedar Iowa (State or country) Iowa 18. Birthplace (city or place) Beason, Ariz. (State or country) Ariz.13. Occupation Merchant Nature of Industry _____ 19. Occupation Housewife Nature of Industry _____20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 8:30 P. m. on the date above stated (Born alive or ~~stillborn~~)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature P. J. Hodel, M.D. (Physician or midwife) Address Miami, Ariz.Given name added from a supplemental report. _____ Filed Feb 6, 1926 _____ Local Registrar. __________ Filed M. _____, 19____ County Registrar.

Registrar

349-209-362